

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

24438

## 1. PLACE OF DEATH

County JacksonRegistration District No. 395File No. 24438Township RichmondPrimary Registration District No. 888Registered No. 24438City Memorah Hospital (No. 1)St. Richmond, Mo.Ward 1

## 2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St. Richmond, Mo.Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

19. UNDERTAKER  
(ADDRESS)

20. FILED

July 9, 1934M. M. RoweRegistrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-9-341934

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1934, to July 9, 1934I last saw him alive on 1:45 PM July 7, 1934. Death is saidto have occurred on the date stated above, at 1:15 PM.

The principal cause of death and related causes of importance were as follows:

Filario sarcoma of Humeruswith metastasis tothe 7 Cervical vertebraeESD535

Other contributory causes of importance:

53Name of operation none Date of noneWhat test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 19 noneWhere did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify none(Signed) 535 Muller

M. D.

(Address) 4949 Rockwell RoadK. O. Mo

